

**STATE OF ARKANSAS BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS**  
**c/o Arkansas Geological Commission**  
**3815 W. Roosevelt Road**  
**Little Rock, Arkansas 72204**  
**(501) 683-0150**

**FORM FOR PROFESSIONAL REFERENCE**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address

To be filled in by applicant

-----  
To be filled in by respondent

Act 701 of 1987 requires that an applicant for registration as a professional geologist in Arkansas have experience in professional geological work. Your name has been submitted by the applicant listed above as one who can attest to his/her experience and background. Please return this form directly to the Arkansas Board of Registration address above.

1. State your profession \_\_\_\_\_ years of experience \_\_\_\_\_, and any specialty \_\_\_\_\_.
2. How long have you known the applicant professionally? \_\_\_\_\_
3. My relationship with the applicant has been that of:  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_ Other \_\_\_\_\_
4. If I needed someone with the applicant's particular skills, I would \_\_\_\_\_ would not \_\_\_\_\_ utilize his/her services.
5. Please rate:

<u><b>Quality of Professional work</b></u>	<u><b>Excellent</b></u>	<u><b>Good</b></u>	<u><b>Poor</b></u>	<u><b>Unknown</b></u>
A. Use of technical knowledge	_____	_____	_____	_____
B. Soundness of judgment	_____	_____	_____	_____
C. Professional attitude	_____	_____	_____	_____
D. Professional reputation	_____	_____	_____	_____

I am familiar with the applicant's work from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

On the reverse side, please describe in detail the quality and type of work experience of this applicant. (Add more pages if necessary)

\_\_\_\_\_  
Name / Title

\_\_\_\_\_  
State(s) of Registration

\_\_\_\_\_  
Address

\_\_\_\_\_  
Geologic Registration No(s).

\_\_\_\_\_  
City State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date